

Surgery on your child's stomach to treat acid reflux (Nissen's fundoplication)

Children's Hospital

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Information for Patients, Parents & Carers

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Introduction

Gastro-oesophageal reflux is when food and drink travels down the food pipe (oesophagus), as normal. However, some of the mixture of food, drink and acid comes back up the food pipe instead of passing through to the intestines. As the food and drink is mixed with acid from the stomach, it can irritate the lining of the food pipe making it sore. This is gastro-oesophageal reflux disease.

Some children can also breathe some of the mixture into the windpipe (aspiration). This can irritate the lungs and cause chest infections.

Gastro-oesophageal reflux is caused by a number of factors. It can be because your child has a wider than usual opening in the diaphragm around the food pipe. Or weakened ring of muscle (called sphincter) at the base of the food pipe.

The surgeon may recommend an operation if your child has severe gastro-oesophageal reflux which is not controlled with medication or is causing significant complications. This operation is called a fundoplication. We will do different tests and look at how severe your child's reflux is before recommending an operation. As every child is different, the decision to recommend surgery will only be made after these assessments have been completed.

What is a fundoplication operation?

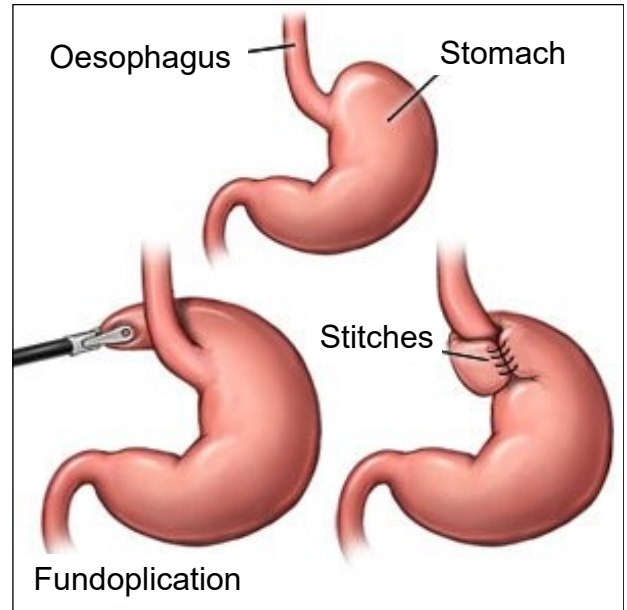
It is an operation on the stomach to stop acid reflux. We do this when medicines do not help or symptoms are severe. There are different surgical techniques but the most common is a Nissen's fundoplication.

The operation can be done using keyhole surgery through the tummy (laparoscopic surgery), or by open surgery where a large cut is made (abdominal incision). The surgeon will talk to you about which is the best method for your child.

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The top part of the stomach (the fundus) is wrapped around the lower part of the food pipe (gullet). This will mean that the lower part of the food pipe is surrounded by a tunnel made from part of the stomach. After the operation, when food enters the stomach, the pressure rises in the stomach and squeezes the lower part of the food pipe. This stops the reflux going back up the food pipe.



Preparing for the operation

The operation is carried out under a general anaesthetic. We will explain the fasting instructions at pre-assessment appointment.

The doctor will explain the operation in more detail. You can ask them any questions you may have. They will ask you to sign a consent form giving permission for your child to have the operation.

What happens during the operation?

The fundoplication is usually done under keyhole surgery but sometimes it may need to be done as an open operation. The doctor will talk about these options with you.

The operation itself has 2 parts:

1. The surgeon will examine the diaphragm to check the size of the opening around the food pipe. If it too loose, the surgeon will tighten this.
2. The surgeon will wrap the upper part of the stomach (fundus) around the base of the food pipe. They will loosely stitch it in place. This tightens the sphincter enough to reduce reflux but not so tight to affect swallowing.

What happens after the operation?

Your child will need to stay in hospital for 5 to 7 days depending on their progress.

When your child returns to the ward they will have a drip into a vein (intravenous infusion) to keep them hydrated. This is because they will not be able to eat or drink. We will put a dressing on their wound. Your child may also have a tube that goes up the nose and down into the stomach (nasogastric tube). This helps to empty your child's stomach and drain any fluid to stop your child from being sick.

Some children will also have a tube inserted to help them with feeding (gastrostomy tube). This goes directly from the stomach through the abdominal wall outside. The tube will be used to remove gases and gastric juices from your child's stomach to prevent these building up. This reduces the feeling of sickness and bloating.

When your child comes back to the ward they will be under regular observation to make sure they are recovering well from the anaesthetic.

Your child will not be allowed to eat or drink anything for a few days after the operation. The drip will remain in place until your child is drinking well. We will start to give them food slowly. They will have a soft diet nothing too hard to chew or swallow until the doctor advises otherwise.

We will check your child's pain level and give pain relief regularly. If you think your child is in pain, please tell the nurse so they can check if we can give them more.

Once your child is able to eat and drink the nasogastric tube and cannula (tube in hand) will be removed on ward. It does not hurt. The gastrostomy will be needed long term for feeding.

Aftercare advice after discharge

The advice below will help you care for your child at home after the operation:

- Your child may still have discomfort depending on how many days since the operation. If the discharge is within 48 hours (2 days) please give regular pain relief. If after this time give pain relief as and when your child needs it.
- Your child's stomach capacity will be reduced at first so give smaller more frequent meals.
- Energetic play such as running and jumping should be discouraged for the next 4 weeks. Contact sport should be avoided for at least 4 weeks.
- Your child may go back to school within 2 to 4 weeks depending on how they feel and which type of operation they have had.

What to expect with the wound:

- It should heal by itself.
- It will have a certain amount of swelling.
- It will look bright pink.

If your child has any of the symptoms below contact ward 10 or the Emergency department:

- If the wound starts to bleed.
- If the wound becomes red and angry and more painful to touch.
- If the wound starts to discharge pus.

Is there a risk of any complications?

- **Wound infection within 3 to 4 days after the operation.** If this happens antibiotics will clear the infection. You may see the wound is red or pus may be visible. Your child may also have a temperature. Please contact your GP if you are worried about the wound.
- **Chance of the reflux coming back.** The operation is successful in 85 to 90% of patient. The chance of the reflux coming back is higher in children who have special needs.

